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SEAL COUNTY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Rotary Club of St. Augustine, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Louise H. Anderson
Name (Printed or typed)

1301 Plantation Isld Dr, Ste 205A
Address

St. Augustine, FL 32080
City, State & Zip

904-471-3445
Daytime Telephone number

landerson@cricpa.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Rotary Club of St. Augustine, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1301 Plantation Island Dr, Ste 205A
St. Augustine, FL 32080

Mailing address, if different is:
P O Box 3927
St. Augustine, FL 32085

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to encourage and foster the ideal of service as a basis
of worthy enterprise, and to encourage and foster the ideals of Rotary International.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: directors are elected
annually by the members of the Rotary Club of St. Augustine, Inc.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louise H. Anderson, President
Address: 1301 Plantation Island Dr.
Ste 205A
St. Augustine, FL 32080

Name and Title: Katherine Batenhorst, Pres Elect
Address: P.O. Box 4514
St. Augustine, FL 32085

Name and Title: Kyle Kovacs, Sec
Address: 4250 Al A Salk H-34
St. Augustine, FL 32080

Name and Title: Jodi Kotrady-Hatin, Treas

Name and Title: Chris Callegari, VP
Address: 953 Oxford Dr.
St. Augustine, FL
32084

Name and Title: Earl Ward, Director
Address: 10 Lee Drive
St. Augustine, FL 32080

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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

Name and Title: Guy Tomasino, Director

Address: PO Box 3111
55 Augustine Fl
32085

Name and Title: Peggy Gachet, Director

Address: 304 View Point Pl
St. Augustine, FL
32080

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Louise H. Anderson

Address: 1301 Plantation Island Dr Ste 205A
St. Augustine FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Louise H. Anderson

Address: 1301 Plantation Island Dr, Ste 205A
St. Augustine, FL 32080

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Louise H. Anderson

Required Signature of Registered Agent

3/13/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Louise H. Anderson

Required Signature of Incorporator

3/13/15
Date
15 MAR 19 AM 8:06
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

FILED

Name and Title: Bobby Crum, Director

Address

301 Spanish Oak Ct
St Augustine, FL 32080

Name and Title: Rebecca Crum, Director

Address:

425 Ocean Grove Cir.
St. Augustine, FL 32080

Name and Title: Gary Maguire, Director

Address

1645 St. Marks Road Blvd.
St. Augustine, FL 32095

Name and Title: Jim Stege, Director

Address:

488 Island View Circle
St A 32095

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Address:

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

Date

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Required Signature of Incorporator

Date